Care- and Disease Management for Uninsured Individuals with CHF

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Demonstration Projects

CHF* Project Sites

- Baystate Health System, Springfield, Mass.
- Boston Medical Center, Boston, Mass.
- Brigham and Women's Hospital, Boston, Mass.
- Cambridge Health Alliance, Cambridge, Mass.

^{*} congestive heart failure

Project Goals

- Reduce costs to the Uncompensated Care Pool
- Improve care to the uninsured and underinsured with CHF
- Improve health status of the uninsured and underinsured with CHF
- Inform policy towards uninsured individuals with CHF and other chronic illnesses

Policy Alternatives

- Continued reliance on the Uncompensated Care Pool
- Expand Medicaid to accommodate chronically-ill uninsured individuals
- Create new program with uncompensated care funds
- Purchase insurance

2 Uncompensated Care and CHF

Mass. Uncompensated Care Pool

Funding Sources

Dollars (millions)

Hospital assessment

Surcharge on payments to hospitals
(by HMOs, self insured plans, and other insurers)

Massachusetts general fund
Non-Pool funds

215

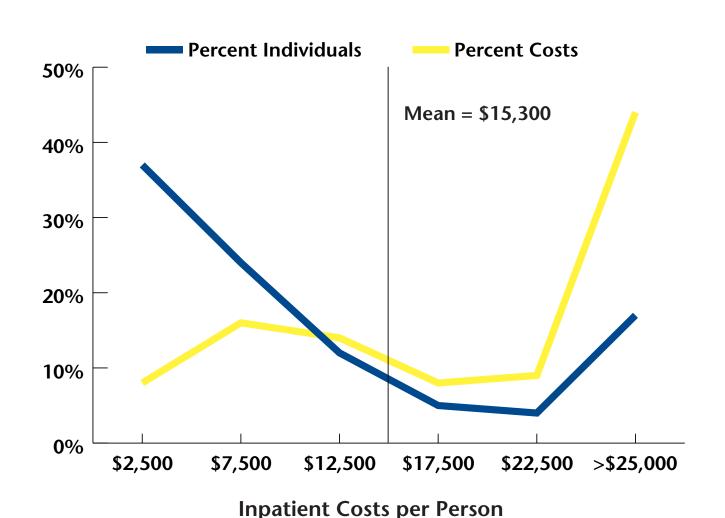
100

100

454

Payments	Dollars (millions)		
Hospital outpatient	234		
Hospital inpatient	151		
Community health centers	16		
Other	48		
Demonstration Projects	5		
Total	454		

CHF among Uninsured Individuals Ages 18-64, Annual Estimates



N 341
Mean age 53
Mean inpatient costs \$ 15,300
Median inpatient costs \$ 7,772
Mean hospital admissions 1.7
Mean admissions for CHF 1.1

3 Models of Care

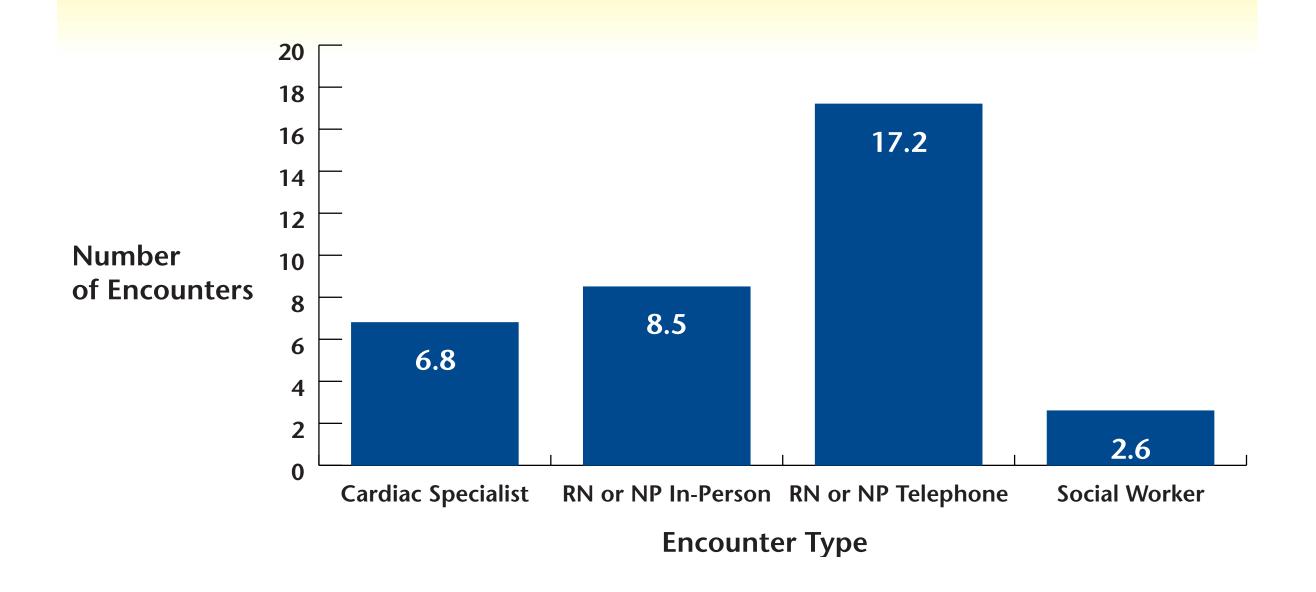
Program Methods

- Active case management by RN or NP: care plan, service linkages, periodic telephone follow-up, PCP communication
- Home visits (Baystate Health Systems only)
- Disease education: self-management training, family member training, culturally appropriate materials
- Reliable source of pharmaceuticals
- Counseling in diet, nutrition and weight monitoring
- Information systems: patient registries, electronic

Participant Characteristics

	Number	Percent	
Gender (n=172)			
Men	113	66%	
Women	59	34%	
Race/Ethnicity (n=12	20)		
Black	55	46%	
White	36	30 %	
Hispanic	22	18%	
Other	7	6%	

Encounters Per Patient Year (n = 36)



4 Interim Findings

Reported Outcomes

- Improved access to care
 - increase in Medicaid participation
 - increase in patients obtaining a primary care physician
 - increase in scheduled outpatient visits
- Patients rely less on ED as usual source of care
- Decrease in unscheduled hospitalizations
- Reduction in lengths of hospital stays

Participant Changes in Insurance Status (n = 151)

	At Enrollment	Current Status	Percent Change
Uninsured	100	51	-49%
Medicare with no supplemental coverage	26	26	0%
Medicaid	20	53	165%
Privately-sponsored coverage	5	14	180%
Unknown (lost to follow-up)	0	7	_
Total	151	151	_